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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ITALY	SHEETS DRAWING	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
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TITLE  
 PHARMACEUTICAL COMPOSITIONS CONTAINING VITAMIN D AND CALCIUM, THEIR PREPARATION AND THERAPEUTIC USE

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )